PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/689,131 Application Number TRANSMIT 10/12/2000 Filing Date For FY 2005 Hetzel, Jr. First Named Inventor **Examiner Name** S. Staicovici Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1732 **TOTAL AMOUNT OF PAYMENT** (\$) 2110.00 Attorney Docket No. 520219-273 METHOD OF PAYMENT (check all that apply) Credit Card None Money Order Other (please identify): Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✔ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 790.00 RCE 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 300 Reissue 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 Total Claims 56 **Extra Claims** Fee Paid (\$) Multiple Dependent Claims - 20 or HP = 6 Fee Pald (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims 5 5 ____- 3 or HP = Extra Claims Fee (\$) Fee Paid (\$) 0 200 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: 3-month extension of time \$1020.00 SUBMITTED BY

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Part 4/L/05

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